FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1											
	(See instructions)					Office use only					
NAME OF COMMITTEE (in	full)	(Check if name is changed)	Exam over ti	ple: If typying ne lines	g, type	12FE	4M5				
NATIONAL RI	EPUBLICAN CON	GRESSIONAL CO	MMITT	EE			ш	ш		للل	لــــا
								Щ		ш	لــــا
ADDRESS (number and	<b>320 I</b> street)	FIRST STREET					ш	ш		ш	ш
(Check if add is changed)		HINGTON				_ DC	<u></u> ]	ш Ц	20003	  - _	ш <u></u>
COMMITTEE'S E-MA	ALL ADDRESS		CITY			STATE	•		ZIP C	ODE 4	•
kdavis@hdafe											1
				1 1 11							
COMMITTEE'S WEB	PAGE ADDRESS (U	RL)						<del> </del>			<del></del>
www.nrcc.or	,	, , , , , , , , , , , , , , , , , , ,									1
COMMITTEE'S FAX 7036840683  2. DATE  0.3	M / D D / Y										
3. FEC IDENTIFIC	ATION NUMBER	C	Cooc	75820							
4. IS THIS STATE	MENT X NEW	/ (N) OR		AMEND	DED (A)						
I certify that I have exam	nined this Statement and	to the best of my know	vledge and	belief it is tru	e, correct an	d comple	te				
Type or Print Name of	f Treasurer	Ceith A. Davis									
Signature of Treasure	r Electronically File	d by <b>Keith A. Da</b>	avis			Date	<b>0</b> 3	M /	D 0 9	Y	2 0 0 9
NOTE: Submission of fa	alse, erroneous, or incon	nplete information may							2 U.S.C.	S437g.	
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